



ALABAMA LICENSURE BOARD FOR  
**Interpreters and Transliterators**

2777 Zelda Rd., Montgomery, AL 36106

Phone: (334) 277-8881

Fax: (334) 263-6115

### Professional License Renewal Application

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SS #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Board use only:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Secondary Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Work Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Work Email Address:** \_\_\_\_\_

**List all credentials (Required):** \_\_\_\_\_

**Please answer all questions and attach any supporting documentation**

**YES NO**

- |  |       |       |
|--|-------|-------|
| 1. Have you ever voluntarily or otherwise surrendered your license or certification/ registry in any jurisdiction, state or territory? | _____ | _____ |
| 2. Are you currently under investigation by any licensing board or agency?   | _____ | _____ |
| 3. Are you currently charged with, or ever been convicted of, a felony or misdemeanor?   | _____ | _____ |
| 4. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action? | _____ | _____ |

**If you answered yes to questions 1-4, please provide details on separate sheet of paper.**

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge. I understand this license has limitations to provide services in specific areas.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**You must include the following with this notarized application:**

- Check for \$175
- Copy of your current certified RID membership card if applicable.
- Copy of your current CMP transcript or CEUs

Sworn to and subscribed before me this the  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_